

Petechiae, as seen on TV

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ABSTRACT

This narrative describes how a patient facilitated a diagnosis of acute myeloid leukemia in a primary care visit because she recognized petechiae she had seen on television on her own skin.

KEYWORDS Direct-to-consumer advertising; patient participation; promyelocytic leukemia

Simbi was 57 when I first met her in the office for primary care. She had just been in the hospital for gastric ulcers; despite taking four doses of pantoprazole and six to eight doses of sucralfate a day, she still had abdominal pain. She was seeking surgery for left knee osteoarthritis and had just run out of oxycodone-acetaminophen (Percocet). We cut her anti-ulcer medication doses to recommended levels and attempted to taper Percocet. Her medical problems also included bipolar disorder (managed by psychiatry), sleep apnea, iron deficiency anemia, microscopic colitis, hypertension, prior gastric bypass surgery, hypoglycemia, lumbar scoliosis, knee osteoarthritis, and complex regional pain syndrome.

She had chronic back pain that was not cured by the implantation of a spinal stimulator, so Percocet was restarted by the surgical team. Transition to transdermal fentanyl was complicated by her chewing a patch, leading to a 5-day hospital stay. The use of case management to monitor medication use did not fully assure compliance to her pain medication regime, so close office follow-up was instituted. Unfortunately, left knee arthroplasty was complicated by infection, and ultimately knee pain persisted despite spirited engagement in physical therapy. Attempts to taper opiate therapy were limited by her use of nonsteroidal anti-inflammatory drugs to reduce pain, which may have led to the perforation of a marginal gastric ulcer and emergency surgery.

As chronic pain persisted, we resorted to monthly visits to assess her adherence to medication and obtain in-person reports from her case manager. On one of these visits, she blurted out midway, “I have petechiae.” She recognized them because she had seen them on a medical television show! I could not recall any patient who reported a physical sign so vividly; I had forgotten she was once a medical assistant.

She indeed had petechiae on her left forearm; by the time she returned to the office the same day to review abnormal laboratory results, she had purpura on her chest. Her white blood count had risen from 4400/ μ L 2 months prior to 114,000/ μ L, and platelets had dropped to 16,000/ μ L. A diagnosis of acute promyelocytic leukemia was made, and she was transferred to a different center for treatment. She returned for pain management and primary care while she continued working with hematology-oncology locally and at the referral center. She did not achieve durable remission with chemotherapy and thus received a bone marrow transplant 11 months after the diagnosis of leukemia. She seemed to stabilize from an oncologic standpoint after that—until she died suddenly at home almost 1 year after the transplant.

A positive correlation has been shown between exposure to direct-to-consumer advertising and patient engagement with clinicians about information related to their care.¹ But it appears television shows can also have a positive effect on helping patients recognize abnormal physical symptoms² or signs—the diagnosis of acute leukemia was

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The author reports no conflicts of interest.

Received May 29, 2021; Accepted June 14, 2021.

expedited in this case—and should be encouraged in this respect. The “informed, activated patient” referred to by the Ecological Model for Ambulatory Patient Safety in Chronic Disease³ indeed obtains information relevant to his or her care from various sources—including television.

ACKNOWLEDGMENT

Brooke Norton, NP-S, reviewed an earlier version of this manuscript.

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